Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check amend

# Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Matthew First name	<b>Jennifer</b> First name
	Bring your picture identification to your meeting with the trustee.	Middle name  Cousins  Last name and Suffix (Sr., Jr., II, III)	Middle name  Cousins  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9670	xxx-xx-3402

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Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and	■ I have not used any business name or EINs.  Business name(s)	■ I have not used any business name or EINs.  Business name(s)
	doing business as names		
		EINs	EINs
5.	Where you live	951 Crystal Bay Lane	If Debtor 2 lives at a different address:
		Orlando, FL 32828  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Orange	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition,	Check one:  Over the last 180 days before filing this petition, I
		I have lived in this district longer than in any other district.	have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Matthew Cousins

Debtor 2

**Jennifer Cousins** 

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	btor 1 btor 2	Matthew Cousins Jennifer Cousins					Case number (if known)	
Par	rt 2:	Tell the Court About \	our Bank	ruptev Ca	ase			
7.	The Banl	chapter of the kruptcy Code you are	Check or	ne. (For a l	brief description of e	each, see <i>Notice Required by</i> ge 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bar e box.	nkruptcy
	choo	sing to file under	☐ Chap	ter 7				
			☐ Chap	ter 11				
			☐ Chap	ter 12				
			■ Chap	ter 13				
8.	How	you will pay the fee	abo ord a p	out how your der. If your pre-printed	ou may pay. Typical attorney is submitti address.	ly, if you are paying the fee young your payment on your beh	k with the clerk's office in your local court for mourself, you may pay with cash, cashier's checkalf, your attorney may pay with a credit card or on, sign and attach the Application for Individua	k, or money check with
			The but app	e Filing Fe equest that is not rec plies to yo	ee in Installments (C at my fee be waive quired to, waive your ur family size and you	official Form 103A).  If (You may request this option  fee, and may do so only if you  go are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a jur income is less than 150% of the official power installments). If you choose this option, you make the state of the state	udge may, erty line that
9.	bank	e you filed for cruptcy within the B years?	■ No.	District		When	Case number	
				District				
				District		When	Case number	
10.	case filed not f you,	any bankruptcy s pending or being by a spouse who is iling this case with or by a business ner, or by an ate?	■ No □ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.	•	ou rent your	■ No.	Go to	line 12.			
	resid	lence?	☐ Yes.	Has yo	our landlord obtaine	d an eviction judgment agains	t you?	
					No. Go to line 12.			
					Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and file it a	as part of

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Debto		Matthew Cousins Jennifer Cousins			Case number (if known)
Part 3	3:	Report About Any Bu	sinesses	You Own as a Sole Propr	ietor
(	of an	ou a sole proprietor y full- or part-time ness?	■ No.	Go to Part 4.	
			☐ Yes.	Name and location of b	usiness
 	busin an ind separ as a d	e proprietorship is a ess you operate as dividual, and is not a ate legal entity such corporation, ership, or LLC.		Name of business, if ar	
 	If you sole p separ	have more than one proprietorship, use a ate sheet and attach		Number, Street, City, S	
i	t to th	nis petition.			box to describe your business:
					siness (as defined in 11 U.S.C. § 101(27A))
				_ •	eal Estate (as defined in 11 U.S.C. § 101(51B))
					s defined in 11 U.S.C. § 101(53A)) ker (as defined in 11 U.S.C. § 101(6))
				☐ Commodity Bro ☐ None of the abo	· · · · · · · · · · · · · · · · · · ·
					ove
) 	Chap Bank	ou filing under ter 11 of the ruptcy Code and are a small business	deadlines operation	s. If you indicate that you a	the court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of d federal income tax return or if any of these documents do not exist, follow the procedure
		definition of small	■ No.	I am not filing under Ch	apter 11.
		ess debtor, see 11 C. § 101(51D).	□ No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
			☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part 4	4:	Report if You Own or	Have Any	/ Hazardous Property or <i>F</i>	Any Property That Needs Immediate Attention
14. I	Do yo	ou own or have any	■ No.		
		erty that poses or is			
(	of im	ed to pose a threat minent and ifiable hazard to	☐ Yes.	What is the hazard?	
i	Or do	c health or safety? b you own any erty that needs ediate attention?		If immediate attention is needed, why is it needed?	
1	perisi livest or a b	xample, do you own hable goods, or ock that must be fed, building that needs at repairs?		Where is the property?	
	uiyei	к горано:			Number, Street, City, State & Zip Code

Debtor 1 Matthew Cousins
Debtor 2 Jennifer Cousins

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	tor 1 Matthew Cousins tor 2 Jennifer Cousins				Case nu	umber (if known)	
Part	6: Answer These Quest	ions for R	eporting Purposes				
	What kind of debts do you have?	16a.	Are your debts primarily consu			e defined in 11 U.S	G.C. § 101(8) as "incurred by an
	,		☐ No. Go to line 16b.	,,, ,			
			Yes. Go to line 17.				
		16b.	Are your debts primarily busine				
			money for a business or investme \( \subseteq \text{No. Go to line 16c.} \)	ent or through the	operation of the	e business or inves	stment.
			Yes. Go to line 17.				
		16c.	State the type of debts you owe the	nat are not consu	mer debts or bu	siness debts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. G	o to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be availab				led and administrative expenses
	administrative expenses are paid that funds will		□ No				
	be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000			001-50,000
	you estimate that you owe?	□ 50-99		□ 5001-10,000 □ 10,001-25,0		•	001-100,000
		☐ 100-1 ☐ 200-9		<b>□</b> 10,001-25,0	000	LI MOI	re than100,000
19.	How much do you	□ \$0 - \$	 50 000	□ \$1,000,001	- \$10 million	П \$50	0,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,00°	1 - \$50 million		000,000,001 - \$10 billion
			001 - \$500,000	□ \$50,000,00°	1 - \$100 million 01 - \$500 millior		,000,000,001 - \$50 billion re than \$50 billion
		□ \$500,	001 - \$1 million	<b>—</b> \$100,000,00	71 - \$300 million	I D IVIOI	e man \$50 billion
20.	How much do you estimate your liabilities	□ \$0 - \$		\$1,000,001			0,000,001 - \$1 billion
	to be?	_	001 - \$100,000 001 - \$500,000	□ \$10,000,00° □ \$50,000,00°			000,000,001 - \$10 billion 0,000,000,001 - \$50 billion
			001 - \$300,000 001 - \$1 million		01 - \$500 million		re than \$50 billion
Part	7: Sign Below						
	you	I have ex	amined this petition, and I declare	under penalty of	perjury that the i	information provide	ed is true and correct.
		If I have	chosen to file under Chapter 7, I an	n aware that I ma	y proceed, if elic	gible, under Chapt	ter 7, 11,12, or 13 of title 11,
			tates Code. I understand the relief				
			rney represents me and I did not part, I have obtained and read the not				to help me fill out this
		I request	relief in accordance with the chapt	er of title 11, Unit	ed States Code,	, specified in this p	petition.
			and making a false statement, conc cy case can result in fines up to \$2				
		/s/ Matt	hew Cousins		/s/ Jennifer		
			v Cousins e of Debtor 1		<b>Jennifer Co</b> Signature of D		
		Executed	on January 16, 2019		Executed on	January 16, 20	019
			MM / DD / YYYY			MM / DD / YYYY	

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Debtor 1 Debtor 2 Matthew Cousins Jennifer Cousins		Cas	e number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, U for which the person is eligible. I also certi	Jnited States Code, and have e ify that I have delivered to the d	informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) app schedules filed with the petition is incorrec		ledge after an inquiry that the information in the
6-93.	/s/ Sophia Dean	Date	January 16, 2019
	Signature of Attorney for Debtor		MM / DD / YYYY
	Sophia Dean		
	Printed name		
	The Orlando Law Group		
	Firm name		
	12301 Lake Underhill Rd		
	Suite 213		
	Orlando, FL 32828  Number, Street, City, State & ZIP Code		
	Contact phone <b>407-512-4394</b>	Email address	sdean@theorlandolawgroup.com
	0658642 FL		
	Bar number & State		

HII	in this information to identify yo	ur casa:			
Der	tor 1 Matthew Cousi First Name	Middle Name	Last Name		
	tor 2  Jennifer Cousing use if, filing)  First Name	Middle Name	Last Name		
` '	, <b>3</b> ,				
Uni	ed States Bankruptcy Court for the	: MIDDLE DISTRICT OF	FLORIDA		
Cas (if kn	e number own)			_	k if this is an ided filing
Su Be a	s complete and accurate as post mation. Fill out all of your sched	sible. If two married people lules first; then complete the	nd Certain Statistical Information e are filing together, both are equally responsible for the information on this form. If you are filing amend the box at the top of this page.	or supplyii	
Par	1: Summarize Your Assets				
				Your a	ssets of what you own
1.	Schedule A/B: Property (Official 1a. Copy line 55, Total real estate	Form 106A/B) , from Schedule A/B		\$	249,390.00
	1b. Copy line 62, Total personal p	property, from Schedule A/B.		\$	37,326.11
	1c. Copy line 63, Total of all prope	erty on Schedule A/B		\$	286,716.11
Par	2: Summarize Your Liabilities	3			
					iabilities nt you owe
2.	Schedule D: Creditors Who Have 2a. Copy the total you listed in Co		(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$	271,707.00
3.	Schedule E/F: Creditors Who Har 3a. Copy the total claims from Pa		al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the total claims from Pa	art 2 (nonpriority unsecured o	claims) from line 6j of Schedule E/F	\$	128,667.00
			Your total liabilities	\$	400,374.00
Par	3: Summarize Your Income a	nd Expenses			
4.	Schedule I: Your Income (Official Copy your combined monthly income inco		e l	\$	7,434.50
5.	Schedule J: Your Expenses (Office Copy your monthly expenses from			\$	7,185.11
Par	4: Answer These Questions f	or Administrative and Stat	istical Records		
6.	Are you filing for bankruptcy un  ☐ No. You have nothing to rep	• • •	Check this box and submit this form to the court with yo	ur other sc	hedules.
7.	Yes What kind of debt do you have?	?			
			debts are those "incurred by an individual primarily for og for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	• •	<b>C</b> ( )	ve nothing to report on this part of the form. Check this	s <i>box</i> and s	submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

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Debtor 2	Jennifer Cousins	Case number (if known)	
	om the Statement of Your Current Monthly Income: Cop 2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 L		\$ 11,314.50

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Matthew Cousins

From Part 4 on Schedule E/F, copy the following:	Total clair	n
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	8,055.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	8,055.00

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Official Forn Schedule n each category, sep hink it fits best. Be a nformation. If more s Answer every question Part 1: Describe Ea  No. Go to Part 2 Yes. Where is the	Jennifer Cousins  First Name Middl  Arruptcy Court for the: MIDDLE D  MIDLE D  MIDDLE	Last Name  Last Name  DISTRICT OF FLORIDA  an asset only once. If an asset fits in more than on ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In any residence, building, land, or similar property?	e equally responsible for su	pplying correct
Orlando	m 106A/B  A/B: Property  Parately list and describe items. List as complete and accurate as possib space is needed, attach a separate son.  Inch Residence, Building, Land, or One we any legal or equitable interest in a separate in a separate in a separate son.	an asset only once. If an asset fits in more than on ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In	e equally responsible for su	amended filing  12/15  the category where you applying correct
United States Bank Case number  Official Forr Schedule n each category, sep hink it fits best. Be a nformation. If more s knswer every question  Part 1: Describe Ea  Do you own or have No. Go to Part 2 Yes. Where is the  1.1  951 Crystal Street address, if a	m 106A/B  A/B: Property  Parately list and describe items. List as complete and accurate as possib space is needed, attach a separate son.  Inch Residence, Building, Land, or One any legal or equitable interest in a contract of the contra	an asset only once. If an asset fits in more than on ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In	e equally responsible for su	amended filing  12/15  the category where you applying correct
Official Forr Schedule n each category, sep hink it fits best. Be a nformation. If more s knswer every question Part 1: Describe Ea Do you own or have No. Go to Part 2 Yes. Where is the 1.1 951 Crystal Street address, if a	m 106A/B  A/B: Property  Parately list and describe items. List as complete and accurate as possib space is needed, attach a separate son.  The Residence, Building, Land, or One any legal or equitable interest in a second	an asset only once. If an asset fits in more than on ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In	e equally responsible for su	amended filing  12/15  the category where you applying correct
Official Form Schedule n each category, sephink it fits best. Be anformation. If more sunswer every question Part 1: Describe Ea  Do you own or have No. Go to Part 2 Yes. Where is the street address, if and Orlando	A/B: Property  arately list and describe items. List as complete and accurate as possib space is needed, attach a separate s on.  ach Residence, Building, Land, or One we any legal or equitable interest in a	ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In	e equally responsible for su	amended filing  12/15  the category where you applying correct
n each category, sephink it fits best. Be anformation. If more sunswer every question.  Part 1: Describe Ea  Do you own or have  No. Go to Part 2.  Yes. Where is the street address, if and or the sunswer every question.	A/B: Property  arately list and describe items. List as complete and accurate as possib space is needed, attach a separate s on.  ach Residence, Building, Land, or One we any legal or equitable interest in a	ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In	e equally responsible for su	the category where you applying correct
n each category, sephink it fits best. Be anformation. If more sunswer every question.  Part 1: Describe Ea  Do you own or have  No. Go to Part 2  Yes. Where is the street address, if and or	A/B: Property  arately list and describe items. List as complete and accurate as possib space is needed, attach a separate s on.  ach Residence, Building, Land, or One we any legal or equitable interest in a	ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In	e equally responsible for su	the category where you applying correct
n each category, sephink it fits best. Be anformation. If more stanswer every question.  Part 1: Describe Ea  Do you own or have  No. Go to Part 2  Yes. Where is the stanswer every and the stanswer every question.  Orlando	arately list and describe items. List as complete and accurate as possib space is needed, attach a separate s on. ach Residence, Building, Land, or On we any legal or equitable interest in a	ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In	e equally responsible for su	the category where you applying correct
hink it fits best. Be a formation. If more sonswer every question.  Part 1: Describe Ea  Do you own or have  No. Go to Part 2.  Yes. Where is the street address, if a or and o	as complete and accurate as possib space is needed, attach a separate s on. ach Residence, Building, Land, or O we any legal or equitable interest in a	ole. If two married people are filing together, both are sheet to this form. On the top of any additional page ther Real Estate You Own or Have an Interest In	e equally responsible for su	pplying correct
951 Crystal Street address, if a				
Orlando	D. L.	What is the property? Check all that apply		
	wailable, or other description	Single-family home  Duplex or multi-unit building  Condominium or cooperative	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
		☐ Manufactured or mobile home	0	
City	FL 32828-0000	Land	Current value of the entire property?	Current value of the portion you own?
	State ZIP Code	☐ Investment property	\$249,390.00	\$249,390.00
		☐ Timeshare ☐ Other	Describe the nature of y (such as fee simple, ten a life estate), if known.	our ownership interest ancy by the entireties, or
		Who has an interest in the property? Check one  Debtor 1 only	a me estate), ii known.	
Orange		Debtor 2 only		
County		Debtor 1 and Debtor 2 only	☐ Check if this is com	nmunity property
		At least one of the debtors and another  Other information you wish to add about this ite	em, such as local	
		property identification number:		
		Parcel Id: 30-22-32-9006-00-890		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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		Matthew Co Jennifer Co		c	ase number (if known)	
3. <b>C</b>	ars, van	s, trucks, trac	tors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
3.1	Model: Year: Approx	Chrysler Town & 0 2011  ximate mileage: information:		Who has an interest in the property? Check one  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any se Creditors Who Have  Current value of the entire property?	portion you own?
				☐ Check if this is community property (see instructions)	\$7,950.0	97,950.00
5 A .p	ages yo	ou have attach	ed for Part 2. Write	en for all of your entries from Part 2, including a that number hereems  ems  terest in any of the following items?		\$7,950.00  Current value of the portion you own?
Ε	xamples	l <b>d goods and</b> f s: Major appliar	furnishings nces, furniture, linens	, china, kitchenware		Do not deduct secured claims or exemptions.
_	] No ■ v = =	. "				
	Yes. D	Describe				
			Kitchen: table, swashing machine Living room: coconsoles, soun Dining room: si Other rooms: 4 camera, tools, p		her, itools e aner,	\$4,000.00
E	No	s: Televisions a including cel		eo, stereo, and digital equipment; computers, printenedia players, games	ers, scanners; music coll	ections; electronic devices
8. <b>C</b> .	ollectible Examples		I figurines; paintings, ons, memorabilia, co	prints, or other artwork; books, pictures, or other ar llectibles	rt objects; stamp, coin, oi	baseball card collections;
			books, wall art,	harry potter wands		\$650.00
				•		

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Debtor 1 Debtor 2	Matthew Cousins  Jennifer Cousins  Case number (if known)	
<i>Examp</i> □ No	nent for sports and hobbies  les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments  Describe	and kayaks; carpentry tools;
	treadmill, cameo, heatpress	\$160.00
■ No	ms  ples: Pistols, rifles, shotguns, ammunition, and related equipment  Describe	
□ No	es sples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe	
	Used Clothing	\$400.00
☐ No	ry  ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  Describe  Wedding Ring, Set of Earrings, Costume Jewelry, 2 Apple Watches	gold, silver <b>\$1,500.00</b>
Exam	arm animals  ples: Dogs, cats, birds, horses  Describe	
	2 dogs	\$2.00
No Yes.	ther personal and household items you did not already list, including any health aids you did not list  Give specific information  the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here	\$6,712.00
	wn or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	ples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petit	·
Exam	sits of money  ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage institutions. If you have multiple accounts with the same institution, list each.	houses, and other similar
□ No ■ Yes.	Institution name:	

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Debt Debt		Matthew Cousins Jennifer Cousins	Case number (if known)	
		17.1.	Fairwinds Credit Union Checking XXXX-6547	\$2,214.93
		17.2.	Fairwinds Credit Union Savings XXXX-1191	\$2,000.00
		17.3.	Fairwinds Credit Union Membership Share XXXX-7709	\$5.00
		, mutual funds, or publicly traded stocks oles: Bond funds, investment accounts with broken	serage firms, money market accounts	
	Yes	Institution or issuer n	ame:	
i		ublicly traded stock and interests in incorporenture	rated and unincorporated businesses, including an interest in an	LLC, partnership, and
		Give specific information about themName of entity:	 % of ownership:	
	Negoti Non-ne No	egotiable instruments are those you cannot tran	iers' checks, promissory notes, and money orders.	
	I Yes.	Give specific information about them Issuer name:		
		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), 40	3(b), thrift savings accounts, or other pension or profit-sharing plans	
	Yes.	List each account separately.  Type of account:	Institution name:	
			Adaptik Corporation 401k Profit Sharing Plan	\$18,444.18
	Your sl <i>Examp</i>		that you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications companies, or	others
	No Yes.		Institution name or individual:	
_	Annuiti I <sub>No</sub>	ies (A contract for a periodic payment of money	to you, either for life or for a number of years)	
		Issuer name and description.		
20		es in an education IRA, in an account in a qu C. §§ 530(b)(1), 529A(b), and 529(b)(1).	alified ABLE program, or under a qualified state tuition program.	
		Institution name and description.	Separately file the records of any interests.11 U.S.C. § 521(c):	
_	rusts, I <sub>No</sub>	equitable or future interests in property (otl	ner than anything listed in line 1), and rights or powers exercisabl	e for your benefit
		Give specific information about them		
		s, copyrights, trademarks, trade secrets, and oles: Internet domain names, websites, proceed		
		Give specific information about them		

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	otor 1 otor 2	Matthew Cousing Jennifer Cousing		Case number (if known)	
	License Examp ■ No	es, franchises, and ples: Building permits	other general intangibles s, exclusive licenses, cooperative association hold	lings, liquor licenses, professional license	5
	☐ Yes.	Give specific inform	ation about them		
Mo	ney or p	property owed to ye	ou?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
_	Tax ref ■ No	unds owed to you			
	☐ Yes. (	Give specific informa	ation about them, including whether you already fi	led the returns and the tax years	
ı	Examp ■ No	support  les: Past due or lum  Give specific informa	p sum alimony, spousal support, child support, m	aintenance, divorce settlement, property s	settlement
•	Examp  ■ No		disability insurance payments, disability benefits, I loans you made to someone else	sick pay, vacation pay, workers' compens	sation, Social Security
31.	Interes	ts in insurance pol		; credit, homeowner's, or renter's insuranc	ee
•	Yes.	Name the insurance	company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
			Banner Life Insurance Company Term Policy # 180199804 Death Benefit \$200,000		\$0.00
			West Coast Life Insurance Company Term Policy Number: ZQ0027646 Death Benefit \$200,000		\$0.00
			John Hancock Life Insurance Company Term Policy No. 81 133 868 Death Benefit \$150,000		\$0.00
	If you a someo	are the beneficiary of ne has died.	nat is due you from someone who has died fa living trust, expect proceeds from a life insurar	nce policy, or are currently entitled to recei	ve property because
	☐ Yes.	Give specific inform	ation		
_	Examp		es, whether or not you have filed a lawsuit or royment disputes, insurance claims, or rights to su		
_	■ No □ Yes.	Describe each claim	<b>1</b>		
_	Other o	ontingent and unli	quidated claims of every nature, including coι	interclaims of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim	n		

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Debt Debt			Case number (if known)	
_	ny financial assets you did not already list			
	No			
Ш	Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4, includin for Part 4. Write that number here			\$22,664.11
Part :	Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real esta	te in Part 1.	
	o you own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part (	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. <b>C</b>	o you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
I	No. Go to Part 7.			
ı	☐ Yes. Go to line 47.			
Part 1	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
	No you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information	?		
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$249,390.00
56.	Part 2: Total vehicles, line 5	\$7,950.00		
57.	Part 3: Total personal and household items, line 15	\$6,712.00		
58.	Part 4: Total financial assets, line 36	\$22,664.11		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$37,326.11	Copy personal property total	al <b>\$37,326.11</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$286,716.11

		Case 6:19-	bk-00325-LVV	Doc 2	L Filed 01/16/19	Page	16 of 59	e	
Fil	I in this informa	ation to identify your o	case:						
De	ebtor 1	Matthew Cousins First Name	Middle Name		Last Name				
	ebtor 2 ouse if, filing)	Jennifer Cousins First Name	Middle Name		Last Name				
Un	nited States Banl	kruptcy Court for the:	MIDDLE DISTRICT C	F FLORIC	DA .				
	ase number							Check if this is an amended filing	
	fficial For		onerty You	Clair	n as Exempt				4/16
Be the	as complete and property you list	d accurate as possible. ted on <i>Schedule A/B: P</i> attach to this page as r	If two married people an arrive of the street of the stree	re filing too	gether, both are equally responding your source, list the proper Page as necessary. On the	y that you o	laim ás exe	empt. If more space	is
spe any fun exe	ecific dollar amo applicable stands—may be un emption to a pa	ount as exempt. Alteri tutory limit. Some exe limited in dollar amou	natively, you may clair emptions—such as tho int. However, if you cl	n the full ose for he aim an ex	mount of the exemption y fair market value of the pr alth aids, rights to receive emption of 100% of fair m s determined to exceed th	operty beir certain be arket value	ng exempte enefits, and under a la	ed up to the amou I tax-exempt retire aw that limits the	nt of ment
Pa	rt 1: Identify	the Property You Cla	im as Exempt						
1.	Which set of e	exemptions are you cl	aiming? Check one on	ly, even if	your spouse is filing with yo	u.			
	You are clai	ming state and federal	nonbankruptcy exempti	ons. 11 l	J.S.C. § 522(b)(3)				
	☐ You are clai	ming federal exemption	ns. 11 U.S.C. § 522(b)(	(2)					
2.	For any prope	erty you list on Schede	ule A/B that you claim	as exemp	ot, fill in the information be	elow.			
		n of the property and line nat lists this property	e on Current value of portion you ow		mount of the exemption you	claim	Specific lav	ws that allow exempt	ion

Check only one box for each exemption.

100% of fair market value, up to

100% of fair market value, up to

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

any applicable statutory limit

\$2,000.00

\$2,214.93

100%

any applicable statutory limit

Copy the value from

\$249,390.00

\$4,000.00

\$2,214.93

\$18,444.18

Schedule A/B

Official Form 106C

XXXX-6547

**Sharing Plan** 

951 Crystal Bay Lane Orlando, FL

Parcel Id: 30-22-32-9006-00-890

Bedrooms: 5 beds, 4 dressers, 2

Kitchen: table, 5 chairs, microwave,

Living room: couch, desk, table, TV, DVD player, pc, game consoles, sou

**Fairwinds Credit Union Checking** 

**Adaptik Corporation 401k Profit** 

refrigerator, dsihwasher, washing

machine, dryer, stove, dishes, cookware, 4 bar stools

32828 Orange County

Line from Schedule A/B: 1.1

desks, 2 lamps, 2 radios

Line from Schedule A/B: 6.1

Line from Schedule A/B: 17.1

Line from Schedule A/B: 21.1

Fla. Const. art. X, § 4(a)(1);

Fla. Stat. Ann. §§ 222.01 &

Fla. Const. art. X, § 4(a)(2)

Fla. Stat. Ann. § 222.11(2)(b)

Fla. Stat. Ann. § 222.21(2)

222.02

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Debtor 1 Debtor 2 Debtor 2 Debtor 2			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check	only one box for each exemption.	
Banner Life Insurance Company Term Policy # 180199804	\$0.00	•	100%	Fla. Stat. Ann. § 222.13
Death Benefit \$200,000 Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
West Coast Life Insurance Company Term Policy Number: ZQ0027646	\$0.00		100%	Fla. Stat. Ann. § 222.13
Death Benefit \$200,000 Line from Schedule A/B: 31.2			100% of fair market value, up to any applicable statutory limit	
John Hancock Life Insurance Company	\$0.00		100%	Fla. Stat. Ann. § 222.13
Term Policy No. 81 133 868  Death Benefit \$150,000  Line from Schedule A/B: 31.3			100% of fair market value, up to any applicable statutory limit	
<ul> <li>3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3</li> <li>No</li> </ul>			d on or after the date of adjustmen	t.)
☐ Yes. Did you acquire the property covere	d by the exemption wi	ithin 1,2	15 days before you filed this case?	
□ No □ Yes				

Fill in this informat	ion to identify you	ır case:			
Debtor 1	Matthew Cousir				
	First Name	Middle Name Last Name			
	Jennifer Cousir	ıs			
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bankr	uptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		_	
Case number					
(if known)				☐ Check	if this is an
				ameno	led filing
Official Form	IOED				
		Who Hove Claims Secure	d by Dranart		40/45
Schedule D	: Creditors	Who Have Claims Secure	a by Propert	у	12/15
		If two married people are filing together, both are ed out, number the entries, and attach it to this form. O			
1. Do any creditors ha	ve claims secured by	y your property?			
☐ No. Check th	is box and submit t	his form to the court with your other schedules. Y	ou have nothing else t	to report on this form.	
Yes. Fill in all	of the information	below.			
Part 1: List All S	ecured Claims				
2. List all secured cla	ims. If a creditor has i	more than one secured claim, list the creditor separately	Column A	Column B	Column C
		a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	•	•	value of collateral.	claim	If any
2.1 Fairwinds C Creditor's Name	realt Union	Describe the property that secures the claim:  2011 Chrysler Town & Country	\$8,651.00	\$7,950.00	\$701.00
		82000 miles			
Attention: B		As of the date you file, the claim is: Check all that			
3075 N. Alaf Orlando, FL		apply.			
Number, Street, Cit		☐ Contingent			
Number, Street, Cit	y, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or se	cured		
Debtor 2 only		car loan)			
■ Debtor 1 and Debto	•	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the o		☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
community debt	relates to a	— Other (moldding a right to onset)			
	Opened				
	07/15 Last				
<b>.</b>	Active	Last 4 digits of account number 7272			
Date debt was incurre	ed 11/19/18	Last 4 digits of account number 7272			
2.2 Flagstar Bar	nk	Describe the property that secures the claim:	\$263,056.00	\$249,390.00	\$13,666.00
Creditor's Name		951 Crystal Bay Lane Orlando, FL	Ψ200,000.00	Ψ243,030.00	Ψ10,000.00
		32828 Orange County			
Attn: Bankrı		Parcel Id: 30-22-32-9006-00-890  As of the date you file, the claim is: Check all that			
5151 Corpor Troy, MI 480		apply.			
Number, Street, Cit		☐ Contingent			
ramber, Street, Oli	,, Jidio & Zip Oode	☐ Unliquidated ☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or se	cured		
Debtor 2 only		car loan)			
■ Debtor 1 and Debto  At least one of the or	=	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
- At least one of the (	reninia giin giiniiel	- Judgment lien nom a lawsuit			

Official Form 106D

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Debtor 1 Matthew Cousins		Case number	(if known)		
First Name Middle N	ame Last Name				
Debtor 2 <b>Jennifer Cousins</b>					
First Name Middle N	ame Last Name				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Opened 2/29/16 Last Active 12/02/18	Last 4 digits of account number	4252			
Waterford Chase East HOA	Describe the property that secures the clai	m:	\$0.00	\$249,390.00	\$0.00
Creditor's Name c/o Nexus Community Mgmt Inc	951 Crystal Bay Lane Orlando, FL 32828 Orange County Parcel Id: 30-22-32-9006-00-890				
1809 Broadway St #408 Oviedo, FL 32765	As of the date you file, the claim is: Check at apply.  Contingent	I that			
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgag car loan)	ge or secured			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Date debt was incurred	Last 4 digits of account number				
_	olumn A on this page. Write that number her	e:	\$271,707.00		
If this is the last page of your form, add the dollar value totals from all pages.  Write that number here:  \$271,707.00					
Part 2: List Others to Be Notified for	r a Debt That You Already Listed				
Use this page only if you have others to b trying to collect from you for a debt you o	e notified about your bankruptcy for a debt t we to someone else, list the creditor in Part you listed in Part 1, list the additional credit	1, and then list the col	llection agency l	nere. Similarly, if you hav	e more
Name, Number, Street, City, State & Cenlar PO Box 77404		On which line in Part 1 Last 4 digits of account	-	creditor? 2.2	
Trenton, NJ 08628					

		00,00 0.20	000=0				gc _c c. cc	
Fill in th	his informa	tion to identify your c	ase:					
Debtor 1	1	Matthew Cousins						
	•	First Name	Middle N	ame	Last Name			
Debtor 2	2	Jennifer Cousins						
(Spouse if,	, filing)	First Name	Middle N	ame	Last Name			
United S	States Bank	ruptcy Court for the:	MIDDLE DIS	STRICT OF FLOR	RIDA			
Case nu	umber							
(if known)				<del>_</del>				check if this is an
							a	mended filing
Sche		: Creditors WI				Port 2 for an diters	*** NONDDIODITY ala	12/15 ms. List the other party to
any exect Schedule Schedule left. Attac name and	utory contracts G: Executors D: Creditors Ch the Contir C case numb	cts or unexpired leases to ry Contracts and Unexpires who Have Claims Secu quation Page to this page er (if known).	hat could resu ed Leases (Of red by Proper . If you have r	ult in a claim. Also fficial Form 106G). ty. If more space is no information to re	list executory of Do not include needed, copy	contracts on Schedu any creditors with pa the Part you need, fil	le A/B: Property (Offici artially secured claims Il it out, number the en	al Form 106A/B) and on that are listed in tries in the boxes on the
Part 1:		of Your PRIORITY Uns						
_	•	have priority unsecured	claims agains	st you?				
	No. Go to Part	2.						
Y	'es.							
Part 2:	List All o	of Your NONPRIORITY	' Unsecured	Claims				
_	lo. You have	have nonpriority unsecu	_	•	n your other sch	edules.		
unse	ecured claim, one creditor	onpriority unsecured clai list the creditor separately holds a particular claim, lis	for each claim.	For each claim liste	d, identify what	type of claim it is. Do r	not list claims already inc	cluded in Part 1. If more
								Total claim
4.1	Amex			Last 4 digits of ac	count number	3453		\$1,388.00
	Correspo Po Box 98		,	When was the deb	ot incurred?	Opened 11/06 11/23/18	Last Active	
_	El Paso,	FX 79998 et City State Zlp Code		As of the date you	tile the claim	is: Check all that apply	v	
		d the debt? Check one.		As of the date you	i ilie, tile cialili	is. Oneck all that appl	y	
	Debtor 1			☐ Contingent				
	Debtor 2	only		☐ Unliquidated				
	Debtor 1	and Debtor 2 only		☐ Disputed				
	☐ At least o	ne of the debtors and anot	her	Type of NONPRIO	RITY unsecure	d claim:		
	☐ Check if	this claim is for a comm	unity	☐ Student loans				
	debt Is the claim	subject to offset?		Obligations aris		aration agreement or d	livorce that you did not	
	■ No			☐ Debts to pensio	n or profit-sharir	ng plans, and other sin	nilar debts	
	Yes			Other. Specify	Credit Card	t		-

Official Form 106 E/F

Debtor Debtor	1 Matthew Cousins 2 Jennifer Cousins		Case number (if known)				
4.2	Bank Of America	Last 4 digits of account number	0096	\$13,029.00			
	Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634 Number Street City State Zlp Code	When was the debt incurred?  As of the date you file, the claim i	Opened 09/06 Last Active 10/13/18 s: Check all that apply				
	Who incurred the debt? Check one.	_					
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	Other Specify Credit Card					
4.3	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	1759	\$1,094.00			
	Attn: Correspondence Po Box 8801	When was the debt incurred?	Opened 08/18 Last Active 10/02/18				
	Wilmington, DE 19899  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharin					
	Yes	Other. Specify Credit Card	<u> </u>				
4.4	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	8499	\$7,079.00			
	Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 09/15 Last Active 10/03/18				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only						
	At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other Specify Credit Card	<del>-</del>				

Debto	or 1 Matthew Cousins or 2 Jennifer Cousins		Case number (if known)				
4.5	Chase Card Services	Last 4 digits of account number	7933	\$4,876.00			
	Nonpriority Creditor's Name Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 04/14 Last Active 10/01/18	. ,			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.6	Citicards Nonpriority Creditor's Name	Last 4 digits of account number	5988	\$8,220.00			
	Citicorp Credit Services/Attn: Centraliz Po Box 790040	When was the debt incurred?	Opened 04/10 Last Active 10/14/18				
	Saint Louis, MO 63179  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed	Labelia				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing					
	□ Yes	Other. Specify Credit Card					
4.7	Citicards Nonpriority Creditor's Name	Last 4 digits of account number	2389	\$5,284.00			
	Citicorp Credit Services/Attn: Centraliz Po Box 790040	When was the debt incurred?	Opened 04/14 Last Active 10/06/18				
	Saint Louis, MO 63179  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	Disputed	d eleies				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	ı cıaım:				
	☐ Check if this claim is for a community debt  Is the claim subject to offset?		ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing					
	☐ Yes	■ Other. Specify Credit Card	ı				
		· · ·	-				

Debtor Debtor	r 1 Matthew Cousins T2 Jennifer Cousins		Case number (if known)	
4.8	Discover Financial	Last 4 digits of account number	7605	\$8,947.00
	Nonpriority Creditor's Name Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 12/09 Last Active 10/02/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.9	First National Bank Nonpriority Creditor's Name	Last 4 digits of account number	1387	\$3,043.00
	Attn: Tina 1620 Dodge St Mailstop 4440 Omaha, NE 68197	When was the debt incurred?	Opened 08/11 Last Active 10/15/18	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	1162	\$630.00
	Kohls Credit Po Box 3120	When was the debt incurred?	Opened 12/15 Last Active 10/14/18	
	Milwaukee, WI 53201  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	<u> </u>	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Charge Acc	count	

Debtor Debtor	1 Matthew Cousins 2 Jennifer Cousins		Case number (if known)	
4.1	Marcus by Goldman Sachs	Last 4 digits of account number	7412	\$21,177.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 45400 Salt Lake City, UT 84145	When was the debt incurred?	Opened 1/06/17 Last Active 10/17/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Contingent☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Type of NONPRIORITY unsecured  ☐ Student loans  ☐ Obligations arising out of a separations.	d claim: ration agreement or divorce that you did not	
	Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharin	,	
	☐ Yes	Other Specify Unsecured		
4.1	Navient	Last 4 digits of account number	0805	\$8,055.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773	When was the debt incurred?	Opened 08/02 Last Active 11/19/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify		
		Educationa	I	
4.1 3	Sofi Lending Corp Nonpriority Creditor's Name	Last 4 digits of account number	6928	\$32,373.00
	Attn: Bankruptcy 375 Healdsburg Avenue Suite 280 Healdsburg, CA 95448	When was the debt incurred?	Opened 04/17 Last Active 10/15/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	a plane, and other circles dele-	
	■ No	Debts to pension or profit-sharin	g pians, and other similar debts	
	☐ Yes	Other. Specify Unsecured		

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Debto	r 1 Matthew Cousins r 2 Jennifer Cousins		Case number (if known)	
4.1 4	Syncb/car Care Pep B	Last 4 digits of account number	1308	\$3,360.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 07/18 Last Active 9/27/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1 5	Syncb/Rooms To Go	Last 4 digits of account number	0077	\$4,615.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 03/16 Last Active 10/17/18	
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin		
	Yes	Other. Specify Charge Acc	count	
4.1 6	Synchrony Bank/Lowes Nonpriority Creditor's Name	Last 4 digits of account number	8848	\$5,298.00
	Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 03/11 Last Active 9/23/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Charge Acc	count	

Matthew Cousins Jennifer Cousins	Case number (if known)						
Synchrony Bank/Old Navy	Last 4 digits of account number	7795	\$199.0				
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060	When was the debt incurred?	Opened 04/10 Last Active 10/11/18					
Orlando, FL 32896  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim						
☐ Debtor 1 only	☐ Contingent						
■ Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts						
Yes	☐ Yes ☐ Other. Specify Credit Card						

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				 
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 8,055.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 120,612.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 128,667.00

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fill in this infor	mation to identify your	case:			
Debtor 1	Matthew Cousins	1			
	First Name	Middle Name	Last Name		
Debtor 2	Jennifer Cousins				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case number					
(if known)				☐ Check if this is amended filing	

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Name		Person or	r company with Name, Number	whom you have the	e contract or lease	State what the contract or lease is for
Number   Street   State   ZIP Code	2.1					
City   State   ZIP Code		Name				
2.2   Number   Street   Street		Number	Street			
Number   Street		City		State	ZIP Code	<u> </u>
Number         Street           City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street	2.2					
City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street		Name				
2.3   Name   Street   ZIP Code    2.4   Number   Street   State   ZIP Code      Number   Street   State   ZIP Code      City   State   ZIP Code    2.5   Name   Number   Street   State   ZIP Code      Number   Street   Street   State   ZIP Code      Number   Street   Street		Number	Street			
2.3   Name   Street   ZIP Code    2.4   Number   Street   State   ZIP Code      Number   Street   State   ZIP Code      City   State   ZIP Code    2.5   Name   Number   Street   State   ZIP Code      Number   Street   Street   State   ZIP Code      Number   Street   Street		City		State	7IP Code	_
Number Street  City State ZIP Code  2.4  Number Street  City State ZIP Code  2.5  Number Street  Number Street  State ZIP Code	23	Oity		Otate	Zii Code	
City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street	2.0	Name				<u> </u>
2.4   Name   Number   Street   State   ZIP Code   Street   Street   Street   Number   Street   Street   Number   Street   Street   Number   Street   Number   Street   Street   Number   Street		Number	Street			<u> </u>
2.4   Name   Number   Street   State   ZIP Code   State   State   ZIP Code   Number   Street   Name   Number   Street   Street   Number   Number   Number   Number   Number   Street   Number		City		State	ZIP Code	<del></del>
Number Street  City State ZIP Code  2.5  Name  Number Street	2.4	•				
City         State         ZIP Code           2.5         Name         Number Street		Name				_
2.5  Name  Number Street		Number	Street			_
Name  Number Street		City		State	ZIP Code	_
Number Street	2.5					
		Name				
		Number	Street			_
City State ZIP Code		City		State	ZIP Code	_

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	nformation to identify your	case:			
Debtor 1	Matthew Cousins First Name	Middle Name	Last Name		
Debtor 2	Jennifer Cousins	Middle Name	Last Name		
(Spouse if, filing		Middle Name	Last Name		
United State	es Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case number	er				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
	ıle H: Your Cod	obtore			40/45
Scriedi	ile n. Toul Cou	EDIOI 2			12/15
your name a	und case number (if known).	Answer every question	).	o this page. On the top of ar as a codebtor.	,
1. DO y	ou have any codebiors: (ii )	ou are ming a joint case,	do not list citrici spouse	as a couchtor.	
■ No □ Yes					
				y? (Community property state	s and territories include
Arizona	, California, Idaho, Louisiana,	Nevada, New Mexico, Pu	ieπo κico, Texas, washi	ngton, and wisconsin.)	
_	Go to line 3.				
☐ Yes.	Did your spouse, former spou	se, or legal equivalent liv	e with you at the time?		
in line 2	2 again as a codebtor only if 06D), Schedule E/F (Official	that person is a guarar	ntor or cosigner. Make	sure you have listed the cre	you. List the person shown ditor on Schedule D (Official dule E/F, or Schedule G to fill
	olumn 1: Your codebtor ame, Number, Street, City, State and ZII	<sup>o</sup> Code		Column 2: The creditor Check all schedules that	to whom you owe the debt apply:
3.1				☐ Schedule D, line	
	ame			☐ Schedule E/F, line	
				☐ Schedule G, line	
N	umber Street			_	
Ci	ity	State	ZIP Code		
3.2				☐ Schedule D, line	
	ame			Schedule E/F, line	
				☐ Schedule G, line	
Ni	umber Street			_	
	ity	State	ZIP Code		

	in this information to btor 1	Matthew Co									
1	btor 2 buse, if filing)	Jennifer Co	usins				_				
Un	ited States Bankrupt	tcy Court for the	: MIDDLE DISTRICT O	F FLOR	IDA						
Ca	se number nown)			-				□ A		Ū	postpetition chapter owing date:
0	fficial Form	106I						M	IM / DD/ Y	YYY	
S	chedule I: `	Your Inc	ome								12/15
spo	ouse. If you are separate sheet	arated and you	are married and not filing wing spouse is not filing wing wing the top of any additi	ith you,	do not include	inform	nation	about	your spor	use. If more	e space is needed,
1.	Fill in your emplo	oyment		Debto	or 1				Debtor 2	or non-filir	ng spouse
	If you have more t		Employment status	■ En	nployed				☐ Emplo	yed	
	attach a separate information about		Employment status	□ No	ot employed				■ Not en	nployed	
	employers.		Occupation	Soft	ware Archite	ct					
	Include part-time, self-employed wo		Employer's name	SAPIENS AMERICAS CORPORATION							
	Occupation may ir or homemaker, if i		Employer's address	STE	CENTRE GF 150 , NC 27513	REEN V	VAY				
			How long employed to	here?	11 years						
Pa	rt 2: Give Det	ails About Mor	nthly Income								
	imate monthly inco		ate you file this form. If	you hav	e nothing to rep	ort for a	ıny line	e, write	\$0 in the s	space. Inclu	de your non-filing
	ou or your non-filing : e space, attach a se		ore than one employer, co	ombine t	he information	for all er	mploye	ers for	that persor	on the line	es below. If you need
							F	or Dek	otor 1	For Debte	
2.			ry, and commissions (bocalculate what the month)			2.	\$	10	,645.84	\$	0.00

Official Form 106I Schedule I: Your Income page 1

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

3.

+\$

3.

0.00

10,645.84

+\$

\$

0.00

0.00

	otor 1 otor 2	Matthew Cousins Jennifer Cousins	-		Case	e number ( <i>if kı</i>	nown)				
						r Debtor 1		n	or Debtor on-filing s	spouse	
	Cop	by line 4 here	4.		\$_	10,64	5.84	\$		0.00	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	1,387	7.46	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b	٥.	\$		0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	50	<b>)</b> .	\$	638	3.76	\$		0.00	
	5d.	Required repayments of retirement fund loans	50	d.	\$	184	4.96	\$		0.00	
	5e.	Insurance	56	€.	\$	754	4.56	\$		0.00	
	5f.	Domestic support obligations	5f		\$_	(	0.00	\$		0.00	
	5g.	Union dues	50	J.	\$_		0.00	\$		0.00	
	5h.	Other deductions. Specify: GTL	5h	1.+	\$		0.60	+ \$		0.00	
		fsa	_		\$_	22	5.00	\$		0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	3,211	1.34	\$		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	7,434	4.50	\$		0.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	а.	\$	(	0.00	\$		0.00	
	8b.	Interest and dividends	8b	).	\$		0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	<b>c</b> .	\$	(	0.00	\$		0.00	
	8d.	Unemployment compensation	80	d.	\$	(	0.00	\$		0.00	
	8e.	Social Security	86	€.	\$	(	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f		\$_ \$		0.00	\$		0.00	
	8g.	Pension or retirement income	86	J. ۱.+	· -		0.00	,		0.00	
	8h.	Other monthly income. Specify:	_ 01	1.+	Φ_		0.00	+ Þ		0.00	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	(	0.00	\$		0.00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$		7,434.50	+ \$		0.00	= \$	7,434.50
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ-		1,404.00			0.00	-	7,404.00
11.	Stat Inclu	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a	depe					•	n Schedul	e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies								Combin	
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							monthly	income
		Yes. Explain:									

Fill in this informa	ation to identify yo	our case:					
Debtor 1	Matthew Cou				Checl	k if this is:	
-h4 0					_	An amended filing	
ebtor 2 Spouse, if filing)	Jennifer Cou	isins					wing postpetition char the following date:
nited States Bank	ruptcy Court for the:	: MIDDLI	E DISTRICT OF FLORIDA		1	MM / DD / YYYY	
ase number known)							
Official Fo	orm 106J						
	J: Your I						
nformation. If multiple unber (if know		eded, atta ry questio	If two married people ar ch another sheet to this n.				
Is this a join		iloiu					
☐ No. Go to							
Yes. <b>Doe</b>	es Debtor 2 live i	n a separ	ate household?				
■ N		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of Debte	or 2.	
Do you hav	e dependents?	□ No					
Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
Do not state	the						□ No
dependents				Daughter		3	■ Yes
				Son		4	□ No
				3011		<del></del>	■ Yes □ No
				Daughter		9	■ Yes
							□ No
De veur ev	manaaa inaliida	_		Son		10	Yes
expenses of	penses include of people other the od your depender	han $_{oldsymbol{\square}}$	No Yes				
stimate your e	a date after the b	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
e value of suc	h assistance and		government assistance i luded it on <i>Schedule I:</i> )			Your exp	oncoc
Official Form 10	JGI.)					Tour exp	Ciliaca
	or home owners nd any rent for the		ses for your residence. In lot.	nclude first mortgage	4. \$		1,969.96
If not include	ded in line 4:						
					4a. \$		0.00
4a. Real	ded in line 4: estate taxes erty, homeowner's	s, or renter	's insurance		4a. \$ 4b. \$		0.00 0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 Debtor 2	Matthew Cousins Jennifer Cousins	Case num	ber (if known)	
6. <b>Utilit</b> i	98:			
6a.	Electricity, heat, natural gas	6a.	·	314.00
6b.	Water, sewer, garbage collection	6b.	\$	70.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
6d.	Other. Specify: Internet	6d.	\$	90.00
. Food	and housekeeping supplies		\$	2,500.00
. Child	care and children's education costs	8.	\$	192.00
Cloth	ng, laundry, and dry cleaning	9.	\$	300.00
). Perso	nal care products and services	10.	\$	150.00
1. Medi	al and dental expenses	11.	\$	160.00
	portation. Include gas, maintenance, bus or train fare. t include car payments.	12.	\$	120.00
	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	360.00
	table contributions and religious donations	14.	\$	0.00
5. Insur	<u> </u>			
Do no	t include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	66.57
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	95.00
	Other insurance. Specify:	15d.	\$	0.00
. <b>Taxe</b> : Speci	b. Do not include taxes deducted from your pay or included in lines 4 or 20.  y:	16.	\$	0.00
	ment or lease payments:		_	
	Car payments for Vehicle 1	17a.	·	322.08
	Car payments for Vehicle 2	17b.		0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as sted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
. Othe	payments you make to support others who do not live with you.	40	\$	0.00
Speci	y	19.	our Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20a. 20e.	·	0.00
		21.		
. Othe	: Specify: veterinary costs		-Ψ	84.00
. Calcu	late your monthly expenses			
	dd lines 4 through 21.		\$	7,185.11
22b. (	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. /	dd line 22a and 22b. The result is your monthly expenses.		\$	7,185.11
. Calcu	late your monthly net income.			J
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,434.50
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	7,185.11
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	249.39
For ex modifi	u expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect your mation to the terms of your mortgage?	file this	s form?	ase or decrease because of a
□ Ye	S. Explain here:			

Fill in this infor	mation to identify your	case:			
Debtor 1	Matthew Cousins				
	First Name	Middle Name	Last Name		
Debtor 2	Jennifer Cousins				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Forr					
Declarat	tion About a	ın Individual	<b>Debtor's Scheo</b>	dules	12/15
Sig	n Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out bankrup	otcy forms?	
■ No					
☐ Yes. I	Name of person				otcy Petition Preparer's Notice, nd Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed with t	this declaration a	and
X /s/ Mat	tthew Cousins		X /s/ Jennifer Cous	sins	
	ew Cousins		Jennifer Cousins	-	
Signatu	re of Debtor 1		Signature of Debtor	2	
Date ,	January 16. 2019		Date January 16	6. 2019	

Fill ir	this infor	mation to identify your	case:			
Debto	or 1	Matthew Cousins		Lood Nome		
Debto	or 2	Jennifer Cousins	Middle Name	Last Name		
	e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ba	inkruptcy Court for the:	MIDDLE DISTRICT OF F	LORIDA		
Case (if know	number _					heck if this is an nended filing
Stat Be as inforn	complete a	and accurate as possil	ole. If two married people a		ankruptcy equally responsible for supp additional pages, write you	
Part		,	rital Status and Where You	Lived Before		
1. V	Vhat is you	r current marital statu	s?			
•	■ Married □ Not ma					
2. [	Ouring the I	ast 3 years, have you l	ived anywhere other than	where you live now?		
	■ No □ Yes. Lis	st all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ake sure you fill out <i>Sch</i>	edule H: Your Codebtors (O	fficial Form 106H).		
Part 2	2 Expla	in the Sources of Your	Income			
F	ill in the tota	al amount of income you	received from all jobs and a	g a business during this yeall businesses, including parter together, list it only once ur		dar years?
•	☐ No ■ Yes. Fil	l in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
Clanilary 1 to December 31 201X )		■ Wages, commissions, bonuses, tips	\$144,319.51	☐ Wages, commissions, bonuses, tips	\$0.00	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Debtor 2		atthew Cou		Case number (if known)						
				Debtor 1			Debtor 2			
				Sources of income Check all that apply.	Gross income (before deducti exclusions)		Sources of inco		Gross income (before deductions and exclusions)	
For the calendar year before that: (January 1 to December 31, 2017 )		■ Wages, commissions, bonuses, tips	\$105	,522.00	☐ Wages, comr bonuses, tips	missions,	\$0.00			
				☐ Operating a business			☐ Operating a b	ousiness		
Incl and win	ude indother nings. each	come regard public benef If you are fili	lless of wheth fit payments; ng a joint cas he gross inco	e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separate	amples of other ind rest; dividends; mo you received toget	come are a oney collect her, list it o	limony; child suppo ted from lawsuits; r only once under De	oyalties; and btor 1.		
	103.	i iii iii tiic de	italis.							
				Debtor 1 Sources of income Describe below.	Gross income each source (before deducti exclusions)		Debtor 2 Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)	
. Are □	eithe No.	Neither Deindividual p	ebtor 1 nor Dorimarily for a	s debts primarily consumer ebtor 2 has primarily consu- personal, family, or househol re you filed for bankruptcy, die	imer debts. Cons ld purpose."				(8) as "incurred by an	
		□ No. □ Yes  * Subject	paid that cre not include	.  each creditor to whom you paieditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years.	nts for domestic su his bankruptcy cas	pport oblig e.	ations, such as chi	ld support a	nd alimony. Also, do	
•	Yes.			ebtor 2 or both have primarily consumer debts.  lays before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?						
		■ No.	Go to line 7							
Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that c include payments for domestic support obligations, such as child support and alimony. Also, do not include the total amount you paid that c include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for this bankruptcy case.										
Cre	editor	s Name and	d Address	Dates of payme	ent Total a	mount paid	Amount you still owe	Was this p	ayment for	
Insi of w a bu alim	ders in hich y usines nony.	clude your r ou are an of	elatives; any ficer, director	bankruptcy, did you make a general partners; relatives of , person in control, or owner o oprietor. 11 U.S.C. § 101. Inc	any general partnof 20% or more of	ers; partne their voting	rships of which you securities; and an	ı are a gene y managing	ral partner; corporations agent, including one for	
	No Yes.	List all paym	nents to an ins	sider.						
Ins	ider's	Name and	Address	Dates of payme	nt Total a	mount paid	Amount you still owe	Reason fo	r this payment	

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	otor 1 otor 2	Matthew Cousins Jennifer Cousins		Cas	se number (if	known)				
	insid	thin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an sider? Slude payments on debts guaranteed or cosigned by an insider.								
	_ ,	No								
	_	Yes. List all payments to an insider								
		der's Name and Address	Dates of payment Total amount Amount			Int you Reason for this payment				
				paid	still	include cred	litor's name			
Par	t 4:	Identify Legal Actions, Repossessions	s, and Foreclosures							
	List a	Vithin 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? st all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody iodifications, and contract disputes.								
		No								
		Yes. Fill in the details.								
		e title	Nature of the case	Court or agency		Status of th	Status of the case			
	Case	e number								
	Chec	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.								
	_ `	No. Go to line 11. Yes. Fill in the information below.								
		ditor Name and Address	Describe the Property			Date	Value of the			
	0.00	and Name and Address				Duic	property			
			Explain what happened							
	acco	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  ■ No								
	<ul> <li>☐ Yes. Fill in the details.</li> <li>Creditor Name and Address</li> <li>Describe the action the creditor took</li> <li>Date</li> </ul>						Amount			
	Ciec	ditor Name and Address	take							
		lithin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a purt-appointed receiver, a custodian, or another official?								
		No								
	□ `	Yes								
Par	t 5:	List Certain Gifts and Contributions								
13.		Vithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No								
		Yes. Fill in the details for each gift.								
		s with a total value of more than \$600 person	Describe the gifts			Dates you gave the gifts	Value			
		son to Whom You Gave the Gift and ress:								
14.	<b>=</b> 1	i <mark>n 2 years before you filed for bankrupt</mark> No		or contributions v	with a total v	value of more than	\$600 to any charity?			
		Yes. Fill in the details for each gift or contr								
	more Chai	s or contributions to charities that total e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code)	Describe what you	e what you contributed Date:			Value			
Par		List Certain Losses								

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

	otor 1 Matthew Cousins otor 2 Jennifer Cousins		Case	e number (	if known)				
	or gambling?								
	■ No □ Yes. Fill in the details.								
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pace claims on line 33 of Schedule A/B: Project of the loss of th	pending	Date of your loss	Value of property lost			
Par	t 7: List Certain Payments or Transfe	rs							
16.	Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	preparii	ng a bankruptcy petition?			rty to anyone you			
	□ No ■ Yes Fill in the details								
	Yes. Fill in the details.  Person Who Was Paid  Address  Email or website address  Person Who Made the Payment, if Not	Vou	Description and value of any property transferred	y	Date payment or transfer was made	Amount of payment			
	The Orlando Law Group 12301 Lake Underhill Rd #213 Orlando, FL 32828	Tou	Attorneys Fees \$1500 Filing Fee \$ Credit Report \$70	\$310	November 2018	\$15,380.00			
	Access Counseling, Inc. 633 W 5th Street Suite 26001 Los Angeles, CA 90071		Credit Counseling		1/7/2019	\$50.00			
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.								
	Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any property transferred	y	Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all No  Yes. Fill in the details.	our busin rs made a	ess or financial affairs? as security (such as the granting of a secur						
	Person Who Received Transfer Address		property transferred		ny property or received or debts change	Date transfer was made			
19.	Person's relationship to you  Within 10 years before you filed for ban beneficiary? (These are often called asse  ■ No  ■ Yes. Fill in the details.	kruptcy, et-protect	did you transfer any property to a self-sion devices.)	settled tru	st or similar device	of which you are a			
	Name of trust		Description and value of the property	transferre	ed	Date Transfer was made			

	btor 1 btor 2	Matthew Cousins Jennifer Cousins			Case nur	nber (if known)				
Pai	rt 8:	List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Sto	orage Uni	its				
20.	sold, Include house	n 1 year before you filed for bankruptcy moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial accour	nts; certificates	of depos	•				
		e of Financial Institution and 'ess (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of accou	int or	Date account was closed, sold, moved, or transferred	Last ba before clos tra			
21.	Do yo cash,	ou now have, or did you have within 1 y or other valuables?	rear before you filed for	bankruptcy, ar	ny safe de	eposit box or other depo	sitory for securi	ities,		
	_	No Yes. Fill in the details.								
		e of Financial Institution Cess (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you sti have it?	II		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  No Yes. Fill in the details.									
	Name	Yes. Fill in the details. e of Storage Facility Gess (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you sti have it?	II		
Pai	rt 9:	Identify Property You Hold or Control	for Someone Else							
23.		ou hold or control any property that sor omeone.	neone else owns? Incl	ude any propert	y you bo	rrowed from, are storing	j for, or hold in t	rust		
	_	No								
	Own	Yes. Fill in the details.  er's Name  erss (Number, Street, City, State and ZIP Code)	Where is the prop		Describe	the property		Value		
Do			Code)							
		Give Details About Environmental Info rpose of Part 10, the following definition								
	toxic	onmental law means any federal, state, substances, wastes, or material into thations controlling the cleanup of these	ne air, land, soil, surface	e water, ground				ous or		
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.									
		rdous material means anything an envi dous material, pollutant, contaminant,		as a hazardous	waste, ha	azardous substance, tox	(ic substance,			
Rep	ort all	notices, releases, and proceedings that	at you know about, rega	ardless of when	they occ	urred.				
24.	Has a	ny governmental unit notified you that	you may be liable or po	otentially liable	under or	in violation of an enviro	nmental law?			
		No Yes. Fill in the details.								
	Name	e of site	Governmental un	it	Envir	onmental law, if you	Date of no	tice		

Address (Number, Street, City, State and

ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

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	otor 1 otor 2	Matthew Cousins  Jennifer Cousins		Cas	e number (if known)			
25.	Have	you notified any governmental unit of	any release of hazardous material?					
	_		,					
		No Yes. Fill in the details.						
		ne of site	Governmental unit		Environmental law, if you	Date of notice		
		ress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		know it	Date of Hotice		
26.	Have	you been a party in any judicial or ad	ministrative proceeding under any envi	ronn	nental law? Include settlements	and orders.		
		No						
		Yes. Fill in the details.						
		e Title	Court or agency	Nat	ure of the case	Status of the		
	Cas	e Number	Name Address (Number, Street, City, State and ZIP Code)			case		
Par	t 11:	Give Details About Your Business or	Connections to Any Business					
27.	With	in 4 years before you filed for bankrup	tcy, did you own a business or have an	y of	the following connections to an	y business?		
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	eithe	er full-time or part-time			
		☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	ip (L	LP)			
		☐ A partner in a partnership						
		☐ An officer, director, or managing ex	ecutive of a corporation					
		☐ An owner of at least 5% of the votir	ng or equity securities of a corporation					
		No. None of the above applies. Go to	Part 12.					
	_	• •	I in the details below for each business	i_				
		iness Name	Describe the nature of the business		Employer Identification number	er		
		Iress ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security	number or ITIN.		
					Dates business existed			
28.	With	ithin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial stitutions, creditors, or other parties.						
		No						
		Yes. Fill in the details below.						
	Nan Add	ne Iress	Date Issued					
		ber, Street, City, State and ZIP Code)						
Par	t 12:	Sign Below						
are i	true a	nd correct. I understand that making a	nancial Affairs and any attachments, an false statement, concealing property, c \$250,000, or imprisonment for up to 20	or ob	taining money or property by fi			
/s/	Mattl	hew Cousins	/s/ Jennifer Cousins					
		v Cousins e of Debtor 1	Jennifer Cousins Signature of Debtor 2					
Dat		anuary 16, 2019	Date January 16, 2019					
Ji4			ent of Financial Affairs for Individuals F	ilino	for Pankruptov (Official Form 1	107\2		
Jia ■ N		maon additional pages to Tour Statem	C. C. I manual Anana IOI mulvidudis F	ıg	, 10. Danmapicy (Official Foffif	,:		
 □ Y								
Did ■ <sub>N</sub>		ay or agree to pay someone who is no	t an attorney to help you fill out bankru	ptcy	forms?			
_		ame of Person . Attach the <i>Bankr</i> u	uptcy Petition Preparer's Notice, Declaration	on, ai	nd Signature (Official Form 119).			
	ial For		nent of Financial Affairs for Individuals Filing	-	,	page (		

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Debtor 1 Matthew Cousins
Debtor 2 Jennifer Cousins Case number (if known)

Fill in this information to identify your case:								
Debtor 1	Matthew Cousins							
Debtor 2 (Spouse, if filing)	Jennifer Cousins							
United States B	Sankruptcy Court for the: Middle District of Florida							
Case number								

Check	Check as directed in lines 17 and 21:								
According to the calculations required by this Statement:									
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

## ☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ☐ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 11,314.50 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1 Debtor 2	Matthew Cousins Jennifer Cousins			Case numbe	er ( <i>if known</i> )		
				Column A Debtor 1		Column B Debtor 2 o	or
7. Int	erest, dividends, and royalties			\$	0.00	\$	0.00
	employment compensation			\$	0.00	\$	0.00
Do	not enter the amount if you contend the Social Security Act. Instead, list it her		nefit under	·		·	
ļ	For you	\$	0.00				
ı	For your spouse	\$	0.00				
9. <b>Pe</b>	nsion or retirement income. Do not nefit under the Social Security Act.		was a	\$	0.00	\$	0.00
Do red doi	come from all other sources not listed not include any benefits received und beived as a victim of a war crime, a crimestic terrorism. If necessary, list otheral below.	er the Social Security Act or paymee against humanity, or internatio	nents nal or				
				\$	0.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pa	ges, if any.	+	\$	0.00	\$	0.00
	Iculate your total average monthly ich column. Then add the total for Colu		s <u>1</u>	1,314.50	+ \$_	0.00	= \$ 11,314.50
12. Co	py your total average monthly incolliculate the marital adjustment. Chec	me from line 11.					\$ 11,314.50
	You are not married. Fill in 0 below.						
	You are married and your spouse is	filing with you. Fill in 0 below.					
	You are married and your spouse is	• ,					
_	Fill in the amount of the income listed dependents, such as payment of the	ed in line 11, Column B, that was I					
	Below, specify the basis for excludir adjustments on a separate page.		income dev	oted to eacl	n purpose	. If necessary	, list additional
	If this adjustment does not apply, er	iter 0 below.	\$				
			— Գ— \$				
					<del></del>		
	Total		\$	0.0	0 Co	py here=>	- 0.00
14. <b>Y</b>	our current monthly income. Subtra	act line 13 from line 12.					\$11,314.50_
15. <b>C</b>	alculate your current monthly incor	ne for the year. Follow these ste	ps:				
1	5a. Copy line 14 here=>						\$ <u>11,314.50</u>
	Multiply line 15a by 12 (the numb	er of months in a year).					<b>x</b> 12
1	5b. The result is your current monthly	r income for the year for this part of	of the form.				\$135,774.00

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Debt	or 2	Jennifer Cousins		Case number (if known)		
16	. Calc	ulate the median family income that applies to	<b>you.</b> Follow these st	eps:		
	16a.	Fill in the state in which you live.	FL			
	1Ch	Fill in the number of people in your beyonded	6			
		Fill in the number of people in your household.  Fill in the median family income for your state and	aiza of household		•	93,753.00
		To find a list of applicable median income amount instructions for this form. This list may also be ava	s, go online using the		\$_	
17	. How	do the lines compare?				
	17a.	☐ Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N				
	17b.	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Disp			
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Copy	y your total average monthly income from line	i1.		\$	11,314.50
19.	conte	uct the marital adjustment if it applies. If you are and that calculating the commitment period under a se's income, copy the amount from line 13.				
	19a.	If the marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
	19b.	Subtract line 19a from line 18.			\$	11,314.50
20.	Calc	ulate your current monthly income for the year	. Follow these steps	:		
	20a.	Copy line 19b			\$_	11,314.50
		Multiply by 12 (the number of months in a year).		<b>x</b> 12		
	20b.	The result is your current monthly income for the y	ear for this part of th	e form	\$_	135,774.00
	20c.	Copy the median family income for your state and	size of household fro	om line 16c	\$_	93,753.00
	21.	How do the lines compare?				
		Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the co	ourt, on the top of page 1 of this form, c	heck box 3,	The commitment
		■ Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise orde	red by the court, on the top of page 1 o	f this form, o	check box 4, The
Par	t 4:	Sign Below				
	By si	gning here, under penalty of perjury I declare that	the information on th	is statement and in any attachments is	true and co	rrect.
)	<b>(</b> /s/	Matthew Cousins	х	/s/ Jennifer Cousins		
		tthew Cousins nature of Debtor 1		Jennifer Cousins Signature of Debtor 2		
	·	January 16, 2019		Date January 16, 2019		
		MM / DD / YYYY		MM / DD / YYYY		
	•	u checked 17a, do NOT fill out or file Form 122C-2				
	If you	u checked 17b, fill out Form 122C-2 and file it with	this form. On line 39	of that form, copy your current monthly	/ income from	m line 14 above.

**Matthew Cousins** 

Debtor 1

						_			
Fil	l in this	information to i	dentify your case:	:					
De	btor 1	Matthew (	Cousins						
	ebtor 2 pouse, i	<b>Jennifer (</b> f filing)	Cousins						
Un	ited Sta	ates Bankruptcy C	ourt for the: Middl	e District of Florida	a				
	ise num known)	ber					☐ Check if thi	is is an amende	d filing
		rm 122C-2 er 13 Calo	culation of	Your Disp	posable I	ncome			04/16
		this form, you wi ent Period (Offici		leted copy of <i>Cha</i>	apter 13 Statem	ent of Your Current	Monthly Inco	me and Calculat	on of
spa	ice is n	eeded, attach a s		his form, Include	the line numbe	ether, both are equa r to which additiona			
Pa	rt 1:	Calculate Your	Deductions from `	Your Income					
	the que	estions in lines 6-		standards, go o	nline using the	or certain expense a link specified in the			
	expens	es if they are high	er than the standard	ls. Do not include	any operating ex	ense. In later parts or spenses that you sub s income in line 13 o	tracted from inc	come in lines 5 an	
	If your e	expenses differ fro	m month to month,	enter the average	expense.				
	Note: L	ne numbers 1-4 a	re not used in this fo	orm. These number	ers apply to infor	mation required by a	similar form us	ed in chapter 7 ca	ases.
	5. <b>T</b> h	e number of peo	ple used in determ	nining your deduc	ctions from inco	ome			
	plυ	us the number of a		dents whom you s		ederal income tax re mber may be differen		6	
	Nationa	al Standards	You must use	the IRS National S	Standards to ans	wer the questions in	lines 6-7.		
			l <b>other items:</b> Using dollar amount for fo			d in line 5 and the IR	S National	\$	2,408.00
	the pe	e dollar amount for ople who are 65 o	out-of-pocket healt	th care. The numb der people have a	er of people is sp higher IRS allow	ntered in line 5 and to blit into two categorie vance for health car co 222.	speople who	are under 65 and	

Official Form 122C-2

7b. Number of peop 7c. Subtotal. Multip  People who are 65 years  7d. Out-of-pocket he 7e. Number of peop 7f. Subtotal. Multiply  7g. Total. Add line 7  Local Standards You m  Based on information frobankruptcy purposes int  Housing and utilities Housing and utilities To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your co  9b. Total average m To calculate the contractually due for bankruptcy. N  Name of the creater	ealth care allowance per person ole who are under 65 oly line 7a by line 7b.  s of age or older ealth care allowance per person ole who are 65 or older ly line 7d by line 7e.  7c and line 7f  nust use the IRS Local Standards to om the IRS, the U.S. Trustee Progreto two parts: - Insurance and operating expenses is in lines 8-9, use the U.S. Trustee or this form. This chart may also b is - Insurance and operating expenses or this form. This chart may also b	gram has ses e Progra e availal enses: U	s divided the IR um chart. To fin ble at the bankı	tS Local Standar	> \$	Copy total here=		12.00	
7b. Number of peop 7c. Subtotal. Multip  People who are 65 years  7d. Out-of-pocket he 7e. Number of peop 7f. Subtotal. Multiply 7g. Total. Add line 7  Local Standards You m  Based on information frobankruptcy purposes int  Housing and utilities Housing and utilities To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your co	ole who are under 65 oly line 7a by line 7b. s of age or older ealth care allowance per person ole who are 65 or older ly line 7d by line 7e. To and line 7f  must use the IRS Local Standards to two parts: - Insurance and operating expenses in lines 8-9, use the U.S. Trustee r this form. This chart may also b is - Insurance and operating expenses.	\$ \$ \$ o answer gram has ses e Progra be availal enses: U	114 0 0.00  the questions in sidivided the IR	Copy here= 312.00  In lines 8-15. S Local Standar	> \$	0.00 Copy total here=		12.00	
7c. Subtotal. Multip  People who are 65 years  7d. Out-of-pocket he 7e. Number of peopl 7f. Subtotal. Multiply  7g. Total. Add line 7  Local Standards You m  Based on information frobankruptcy purposes int  Housing and utilities Housing and utilities To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li  9. Housing and utilities 9a. Using the number listed for your co  9b. Total average m To calculate the contractually due for bankruptcy. N  Name of the creations  Flagstar Bank	oly line 7a by line 7b.  s of age or older  ealth care allowance per person ble who are 65 or older  ly line 7d by line 7e.  7c and line 7f  must use the IRS Local Standards to the IRS, the U.S. Trustee Progreto two parts:  - Insurance and operating expenses is in lines 8-9, use the U.S. Trustee Ir this form. This chart may also b is - Insurance and operating expenses  or this form. This chart may also b	\$ \$ X \$ o answer gram has ses e Progra be availal enses: U	312.00  114 0 0.00  \$	Copy here= 312.00  In lines 8-15. S Local Standar	> \$	0.00 Copy total here=		12.00	
People who are 65 years  7d. Out-of-pocket he 7e. Number of peopl 7f. Subtotal. Multiply 7g. Total. Add line 7  Local Standards You m  Based on information frobankruptcy purposes int Housing and utilities Housing and utilities To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your co 9b. Total average m To calculate the contractually due for bankruptcy. N  Name of the creater	ealth care allowance per person ble who are 65 or older ly line 7d by line 7e.  7c and line 7f  must use the IRS Local Standards to the IRS, the U.S. Trustee Progreto two parts:  Insurance and operating expenses is in lines 8-9, use the U.S. Trustee Ir this form. This chart may also b is - Insurance and operating expenses Is in lines 8-9, use the U.S. Trustee Insurance and operating expenses Is in lines 8-9, use the U.S. Trustee It is form. This chart may also b Is - Insurance and operating expenses	\$ X \$ o answer gram has eses e Progra be availal enses: U	114 0 0.00 \$ the questions in sidivided the IR	Copy here= 312.00  In lines 8-15. S Local Standar	> \$	0.00 Copy total here=		12.00	
7d. Out-of-pocket he 7e. Number of peop 7f. Subtotal. Multiply 7g. Total. Add line 7  Local Standards You m Based on information frobankruptcy purposes int Housing and utilities Housing and utilities To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your co 9b. Total average m To calculate the contractually due for bankruptcy. N Name of the creating to the contractual of the creating to the creating to the contractual of the creating to the creating to the contractual of the creating to the contractual of the creating to the creating to the contractual of the creating to the creating to the contractual of the creating to the cr	ealth care allowance per person ble who are 65 or older ly line 7d by line 7e.  7c and line 7f  must use the IRS Local Standards to the IRS, the U.S. Trustee Progreto two parts:  - Insurance and operating expenses is in lines 8-9, use the U.S. Trustee or this form. This chart may also b is - Insurance and operating expenses	x	0 0.00 \$s the questions in s divided the IR	312.00 n lines 8-15.	d for	Copy total here=		12.00	
7e. Number of peop 7f. Subtotal. Multiply 7g. Total. Add line 7  Local Standards You m Based on information frobankruptcy purposes int Housing and utilities Housing and utilities To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your co 9b. Total average m To calculate the contractually due for bankruptcy. N Name of the creations	ole who are 65 or older  by line 7d by line 7e.  To and line 7f  must use the IRS Local Standards to the IRS, the U.S. Trustee Progreto two parts:  Insurance and operating expenses in lines 8-9, use the U.S. Trustee in lines 8-9, use the U.S. Trustee in this form. This chart may also bes - Insurance and operating expenses in lines 8-9, use the U.S. Trustee in this form. This chart may also bes - Insurance and operating expenses.	x	0 0.00 \$s the questions in s divided the IR	312.00 n lines 8-15.	d for	Copy total here=		12.00	
7g. Total. Add line 7  Local Standards You m  Based on information frobankruptcy purposes int  Housing and utilities  Housing and utilities  To answer the questions separate instructions for 8. Housing and utilities in the dollar amount life.  9a. Using the number listed for your company of the contractually due for bankruptcy. N  Name of the creations.	nust use the IRS Local Standards to must use the IRS Local Standards to me the IRS, the U.S. Trustee Progressive two parts:  - Insurance and operating expenses in lines 8-9, use the U.S. Trustee in lines form. This chart may also bes - Insurance and operating expenses.	o answer gram has uses e Progra be availal enses: U	\$s the questions in s divided the IR	312.00 n lines 8-15.	d for	Copy total here=		12.00	
Total. Add line 7  Local Standards You m  Based on information frobankruptcy purposes int  Housing and utilities Housing and utilities To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your co 9b. Total average m To calculate the contractually due for bankruptcy. N  Name of the creations	To and line 7f  nust use the IRS Local Standards to the IRS, the U.S. Trustee Progreto two parts:  Insurance and operating expense Mortgage or rent expenses in lines 8-9, use the U.S. Trustee this form. This chart may also bes - Insurance and operating expenses	o answer gram has ses e Progra e availal enses: U	the questions in s divided the IR	312.00 n lines 8-15.	d for	Copy total here=		12.00	
Local Standards You m Based on information fro bankruptcy purposes int Housing and utilities Housing and utilities To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your co 9b. Total average m To calculate the contractually due for bankruptcy. N Name of the cre Flagstar Bank	nust use the IRS Local Standards to om the IRS, the U.S. Trustee Progreto two parts:  - Insurance and operating expense.  - Mortgage or rent expenses in lines 8-9, use the U.S. Trustee this form. This chart may also bes - Insurance and operating expense.	gram has ses e Progra e availal enses: U	the questions ir s divided the IR am chart. To fin ble at the banki	n lines 8-15. RS Local Standar		housing for		12.00	
Based on information frobankruptcy purposes into bankruptcy purposes into Housing and utilities.  To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your composite of the contractually due for bankruptcy. Note that the contractual properties are the contractual properties are that the contractual properties are the	om the IRS, the U.S. Trustee Prog to two parts:  - Insurance and operating expense  - Mortgage or rent expenses  s in lines 8-9, use the U.S. Trustee  r this form. This chart may also b  s - Insurance and operating expe	gram has ses e Progra e availal enses: U	s divided the IR um chart. To fin ble at the bankı	tS Local Standar					
Based on information frobankruptcy purposes into bankruptcy purposes into Housing and utilities.  To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your composite of the contractually due for bankruptcy. Note that the contractual due for bankruptcy.	om the IRS, the U.S. Trustee Prog to two parts:  - Insurance and operating expense  - Mortgage or rent expenses  s in lines 8-9, use the U.S. Trustee  r this form. This chart may also b  s - Insurance and operating expe	gram has ses e Progra e availal enses: U	s divided the IR um chart. To fin ble at the bankı	tS Local Standar					
Housing and utilities Housing and utilities To answer the questions separate instructions for Housing and utilities in the dollar amount li Housing and utilities Using the number listed for your compact of the contractually due for bankruptcy. Name of the creations	- Insurance and operating expenses - Mortgage or rent expenses s in lines 8-9, use the U.S. Trustee r this form. This chart may also b s - Insurance and operating expe	e Progra e availal enses: U	ble at the bankı	d the chart go o					
Housing and utilities - To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your constituted for your constituted for bankruptcy. Now was a support of the creation of	- Mortgage or rent expenses s in lines 8-9, use the U.S. Trustee r this form. This chart may also b s - Insurance and operating expe	e Progra e availal enses: U	ble at the bankı	d the chart go o					
To answer the questions separate instructions for 8. Housing and utilities in the dollar amount li 9. Housing and utilities 9a. Using the number listed for your construction of the contractually due for bankruptcy. Now was a separate instruction of the creation of the c	s in lines 8-9, use the U.S. Trustee r this form. This chart may also b s - Insurance and operating expe	e availal enses: ∪	ble at the bankı	d the chart go o					
in the dollar amount li  9. Housing and utilities  9a. Using the number listed for your concessed for your concessed for your concessed for bankruptcy. Note that the contractually due for bankruptcy. Note that the contractual list is the contract			sing the number	ruptcy clerk's of	fice.		specified in t		
9a. Using the number listed for your country of the contractually due for bankruptcy. Name of the creations of the creation of	isted for your county for insurance a	and oper	ating expenses.			\$		669.00	
9b. Total average m To calculate the contractually due for bankruptcy. N Name of the cre Flagstar Bank	ousing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5. fill in the dollar amount								
To calculate the contractually due for bankruptcy. N Name of the cre Flagstar Bank	Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.					1,407.00	-		
contractually due for bankruptcy. Name of the cre	Total average monthly payment for all mortgages and other debts secured by your home.								
Flagstar Bank	total average monthly payment, and e to each secured creditor in the 60 Next divide by 60.								
	editor		verage monthly ayment	′					
Waterford Ch.	K	\$	1,969.9	96					
wateriord Ch	ase East HOA	\$	51.5	50					
	9b. Total average monthly paymen	nt \$_	2,021.4	Copy here=>	-\$_	2,021.46	Repeat this on line 33a.		
9c. Net mortgage or	r rent expense.	<u> </u>							
			9a (mortgage	\$		0.00 Copy	» \$	0.00	
	(total average monthly payment) from ). If this number is less than \$0, ent	ιeι φυ.							
Explain why:		of the IF			is inc	correct and	\$	0.00	

**Matthew Cousins** 

Debtor 1 Debtor 2		ew Cousins fer Cousins			(	Case number	(if known)		
11.	Local trai	nsportation expense	s: Check the number of ve	ehicles for whic	h you claim a	n ownersh	ip or operating	expense.	
	□ 0. Go t	to line 14.							
	■ 1. Go t	to line 12.							
	□ 2 or mo	ore. Go to line 12.							
12.			sing the IRS Local Standa						196.00
13.	You may r		kpense: Using the IRS Lor if you do not make any lor						
Vel	hicle 1	Describe Vehicle 1:	2011 Chrysler Town	& Country 8	2000 miles				
13a.	Ownership	p or leasing costs usin	g IRS Local Standard			\$	497.00		
13b.	Average n	monthly payment for a	I debts secured by Vehicle	e 1.					
	Do not inc	clude costs for leased	vehicles.						
	are contra		ly payment here and on lir cured creditor in the 60 m						
	Nam	e of each creditor fo	r Vehicle 1	Average payment	monthly				
	Fair	winds Credit Unio	n	\$	322.08				
		Total /	Average Monthly Payment	\$	322.08	Copy here =>	-\$322	Repeat this amount on line 33b.	
13c.		le 1 ownership or leas ine 13b from line 13a.	e expense if this number is less than	\$0, enter \$0.		\$	174.92	Copy net Vehicle 1 expense here => \$	174.92
Vel	hicle 2	Describe Vehicle 2:						_]	
13d.	Ownership	p or leasing costs usin	g IRS Local Standard			\$	0.00		
13e.	Average n leased vel		I debts secured by Vehicle	e 2. Do not incl	ude costs for				
	Nam	e of each creditor fo	r Vehicle 2	Average payment	monthly				
				\$					
		Total a	average monthly payment	\$		Copy here => -\$ _	0.0	Repeat this amount on line 33c.	
13f.	Net Vehic	le 2 ownership or leas	e expense			·		Copy net	
	Subtract li	ine 13e from line 13d.	if this number is less than	\$0, enter \$0.		. \$	0.00	Vehicle 2 expense here => \$	0.00
14.			e: If you claimed 0 vehicl e allowance regardless					n the \$	0.00
15.	also dedu	ct a public transportati	on expense: If you claime on expense, you may fill it cal Standard for <i>Public Tra</i>	n what you bel					0.00

Debtor 1 Debtor 2 Matthew Cousins

Jennifer Cousins

Case number (if known)

Oth	er Nece	essary Expenses	In addition to the expense of the following IRS categories		s listed above,	you are allowed your monthly expenses	s for	
16.	self-en your pa and su	nployment taxes, soc ay for these taxes. H	cial security taxes, and Medic owever, if you expect to rece om the total monthly amount	are taxes	s. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	\$	1,514.53
17.		ntary deductions: Toutions, union dues, a	The total monthly payroll ded and uniform costs.	uctions th	nat your job red	quires, such as retirement		
				o, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing to Do not	ogether, include payr	ments that you make for your or life insurance on your depe	spouse's	s term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any form	\$	66.57
19.	admini	strative agency, such	The total monthly amount the as spousal or child support	payment	ts.	by the order of a court or  You will list these obligations in line 35.	\$	0.00
20			hly amount that you pay for e			_	· —	
20.		a condition for your jour		ducation	triat is citrici i	equired.		
	_			t child if n	no public educa	ation is available for similar services.	\$	0.00
21.			nly amount that you pay for clor any elementary or secondar		•	itting, daycare, nursery, and preschool.	\$	192.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.							
	Payme	ents for health insura	nce or health savings accour	nts should	d be listed only	in line 25.	\$	0.00
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.							75.00
24	expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  44. Add all of the expenses allowed under the IRS expense allowances.							5,608.02
24.		nes 6 through 23.	nowed under the IKS expe	nse allov	wances.		\$	
Add	itional	Expense Deduction	These are additional d Note: Do not include a					
25.	insura					ses. The monthly expenses for health ly necessary for yourself, your spouse, o	or	
	Health	insurance		\$	860.09			
	Disabi	lity insurance		\$	35.16			
	Health	savings account	4	- \$	0.00	٦		
	Total			\$	895.25	Copy total here=>	\$	895.25
	Do you actually spend this total amount?							
		No. How much do y						
		Yes		\$				
26.	continu	ue to pay for the reas ousehold or member	sonable and necessary care	and supp o is unab	ort of an elder ble to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b)	\$	0.00
27.								
	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.						\$	0.00

Debtor 1 Debtor 2	Matthew Cousins Jennifer Cousins	Case number ( <i>if know</i>	m)				
	<b>Additional home energy costs.</b> Your home line 8.	e energy costs are included in your insurance and operating	g expenses o	on			
	If you believe that you have home energy co 8, then fill in the excess amount of home en	osts that are more than the home energy costs included in ergy costs	expenses on	line			
	You must give your case trustee documenta amount claimed is reasonable and necessar	ation of your actual expenses, and you must show that the ry.	additional	\$	0.00		
29.		ren who are younger than 18. The monthly expenses (no pendent children who are younger than 18 years old to atte		or			
	You must give your case trustee documenta claimed is reasonable and necessary and ne	ation of your actual expenses, and you must explain why the ot already accounted for in lines 6-23.	e amount				
	* Subject to adjustment on 4/01/19, and eve	ry 3 years after that for cases begun on or after the date o	f adjustment.	\$	0.00		
		ne monthly amount by which your actual food and clothing allowances in the IRS National Standards. That amount cas in the IRS National Standards.					
		onal allowance, go online using the link specified in the se o be available at the bankruptcy clerk's office.	parate				
	You must show that the additional amount of	laimed is reasonable and necessary.		\$	0.00		
	Continuing charitable contributions. The instruments to a religious or charitable organ	amount that you will continue to contribute in the form of conization. 11 U.S.C. § 548(d)(3) and (4).	ash or financ	ial			
	Do not include any amount more than 15%	of your gross monthly income.		\$	0.00		
	32. Add all of the additional expense deductions. Add lines 25 through 31.						
Deductions for Debt Payment							
I	oans, and other secured debt, fill in lines	n property that you own, including home mortgages, versas through 33e.  ent, add all amounts that are contractually due to each sec					
	creditor in the 60 months after you file for bar		uieu	Ave	erage monthly		
	Mortgages on your home				ment		
33a.	Copy line 9b here		=:	> \$_	2,021.46		
	Loans on your first two vehicles						
33b.	Copy line 13b here		=:	> \$	322.08		
33c.	Copy line 13e here		=:	> \$	0.00		
33d.	List other secured debts:						
	e of each creditor for other secured debt	ir	oes payment oclude taxes r insurance?				
			] No				
	-NONE-		] Yes	\$_			
			] No				
		_	] Yes	\$			
			] No				
			☐ Yes +	\$_			
33e	Total average monthly payment. Add lines	33a through 33d\$\$\$	3/3 5/ to	opy otal ere=>	5 2,343.54		

**Matthew Cousins** Debtor 1 **Jennifer Cousins** Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Monthly cure Total cure amount amount  $\div 60 = $$ -NONE-Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Tyes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 ÷60 \$ 36. Projected monthly Chapter 13 plan payment 2,343.54 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 10.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 234.35 234.35 here=> Average monthly administrative expense 2.577.89 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5,608.02 expense allowances Copy line 32, All of the additional expense deductions 895.25 Copy line 37, All of the deductions for debt payment 2,577.89 9,081.16 9,081.16 Total deductions..... Copy total here=>

ebtor 1 ebtor 2		new Cous ifer Cousi				. Ci	ase r	numbe	r (if known)			
art 2:	Dete	ermine You	r Disposable Income Under 11 U.S.C.	§ 132	5(b	o)(2)						
			rent monthly income from line 14 of Fo Current Monthly Income and Calculation				l			. \$		11,314.50
chi dis rec nec 41. Fill	ildren. ability p eived i cessary	The monthle payments for accordance to be expended	ly necessary income you receive for so by average of any child support payments or a dependent child, reported in Part I of the ce with applicable nonbankruptcy law to ended for such child.  Petirement deductions. The monthly total	s, foste Form the ex	er o 12 ten	care payments, or 2C-1, that you at reasonably nounts that your		\$_	0	0.00		
in 1	11 Ú.S.	C. § 541(b)	om wages as contributions for qualified re (7) plus all required repayments of loans . § 362(b)(19).				d	\$_	0	.00		
42. <b>To</b> 1	tal of a	II deductio	ns allowed under 11 U.S.C. § 707(b)(2	)(A). C	Ор	y line 38 here	=>	\$_	9,081	.16		
exp the	enses ir expe	and you ha	al circumstances. If special circumstan ive no reasonable alternative, describe the must give your case trustee a detailed ex ocumentation for the expenses.	ne spe	cia	l circumstances a	nd					
Descri	be the	special cir	cumstances			Amount of exp	ens	se				
					_	\$						
					_	\$						
					_	\$						
			T	otal	\$_	0.00		Copy here			0.00	
44. <b>To</b>	tal adjı	ustments. /	Add lines 40 through 43.			=>	\$_		9,081.16	Co her	py re=> <b>-</b> \$	9,081.16
	İ	•	thly disposable income under § 1325(	b)(2).	Sul	btract line 44 from	line	e 39.			\$	2,233.34
hav tim you	ange in ve char e your u filed y	n income on are case will be cour petition	or expenses. If the income in Form 1220 virtually certain to change after the date e open, fill in the information below. For each, check 122C-1 in the first column, enter in when the increase occurred, and fill in	you fil xampl line 2	ed le, in	your bankruptcy p if the wages repor the second colum	etit ted n, e	ion a	and during the eased after			
Form		Line	Reason for change			Date of chang	е		ncrease or decrease?	A	mount of cha	nge
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	C-2 _ C-1 C-2 _ C-1							- [ [ - [	Increase Decrease Increase Decrease Increase	\$		_
☐ 1220 ☐ 1220 ☐ 1220	C-1							_ [	Decrease Increase Decrease	\$		

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Debtor 1 Debtor 2	Matthew Cousins Jennifer Cousins	Case number (if known)				
Part 4:	Sign Below					
E	By signing here, under penalty of perjury you declare that the inform	nation on this statement and in any attachments is true and correct.				
	/s/ Matthew Cousins Matthew Cousins Signature of Debtor 1	X /s/ Jennifer Cousins Jennifer Cousins Signature of Debtor 2				
Date	January 16, 2019 MM / DD / YYYY	Date January 16, 2019 MM / DD / YYYY				

Debtor 1	Matthew Cousins		
	Jennifer Cousins	Case number (if known)	

### **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period 07/01/2018 to 12/31/2018.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

6 Months Ago:	07/2018	\$13,797.79
5 Months Ago:	08/2018	\$10,795.84
4 Months Ago:	09/2018	\$10,795.84
3 Months Ago:	10/2018	\$10,795.84
2 Months Ago:	11/2018	\$10,795.84
Last Month:	12/2018	\$10,905.84
	Average per month:	\$11,314.50

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

C	hapter 7:	Liquidation	
	\$245	filing fee	
	\$75	administrative fee	
<u>+</u>	\$15	trustee surcharge	
	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
_	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court Middle District of Florida

In re	Jennifer Cousins		Case No.
		Debtor(s)	Chapter 13
	VER	RIFICATION OF CREDITOR	MATRIX
Γhe ab	ove-named Debtors hereby verify	that the attached list of creditors is true and co	orrect to the best of their knowledge.
Date:	January 16, 2019	/s/ Matthew Cousins	
		Matthew Cousins	
		Signature of Debtor	
Date:	January 16, 2019	/s/ Jennifer Cousins	
		Jennifer Cousins	

Signature of Debtor

**Matthew Cousins** 

Matthew Cousins 951 Crystal Bay Lane Orlando, FL 32828 Discover Financial Po Box 3025 New Albany, OH 43054 Syncb/Rooms To Go Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Jennifer Cousins 951 Crystal Bay Lane Orlando, FL 32828

Fairwinds Credit Union Attention: Bankruptcy 3075 N. Alafaya Trail Orlando, FL 32826 Synchrony Bank/Lowes Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Sophia Dean The Orlando Law Group 12301 Lake Underhill Rd Suite 213 Orlando, FL 32828 First National Bank Attn: Tina 1620 Dodge St Mailstop 4440 Omaha, NE 68197 Synchrony Bank/Old Navy Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998 Flagstar Bank Attn: Bankruptcy 5151 Corporate Drive Troy, MI 48098 Waterford Chase East HOA c/o Nexus Community Mgmt Inc 1809 Broadway St #408 Oviedo, FL 32765

Bank Of America 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899 Marcus by Goldman Sachs Attn: Bankruptcy Po Box 45400

Salt Lake City, UT 84145

Cenlar PO Box 77404 Trenton, NJ 08628 Navient Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850 Sofi Lending Corp Attn: Bankruptcy 375 Healdsburg Avenue Suite 280 Healdsburg, CA 95448

Citicards
Citicorp Credit Services/Attn: Centraliz
Po Box 790040
Saint Louis, MO 63179

Syncb/car Care Pep B Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Middle District of Florida

In 1	Matthew Cousins  Dennifer Cousins		Case No	ı <b>.</b>		
		Debtor(s)	Chapter	13		
	DISCLOSURE OF COMPENS	SATION OF ATTO	RNEY FOR D	DEBTOR(S)		
l.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of or	of the petition in bankruptcy	, or agreed to be pa	id to me, for services		
	For legal services, I have agreed to accept		\$	3,500.00		
	Prior to the filing of this statement I have received		\$	1,500.00		
	Balance Due		\$	2,000.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
1.	■ I have not agreed to share the above-disclosed compen	sation with any other person	unless they are me	mbers and associate	s of my law firm.	
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name				ny law firm. A	
5.	In return for the above-disclosed fee, I have agreed to rend	er legal service for all aspec	ts of the bankruptcy	case, including:		
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering.</li> <li>b. Preparation and filing of any petition, schedules, statemed.</li> <li>c. Representation of the debtor at the meeting of creditors.</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to redit reaffirmation agreements and applications.</li> <li>522(f)(2)(A) for avoidance of liens on house.</li> </ul>	ent of affairs and plan which and confirmation hearing, a luce to market value; ex as needed; preparation	n may be required; nd any adjourned h	earings thereof;	d filing of	
	50\$ monitoring Fee after month 6					
<b>5</b> .	By agreement with the debtor(s), the above-disclosed fee d Representation of the debtors in any disch any other adversary proceeding.			ces, relief from s	tay actions or	
		CERTIFICATION				
this	I certify that the foregoing is a complete statement of any a bankruptcy proceeding.	greement or arrangement for	r payment to me for	representation of th	ne debtor(s) in	
_	January 16, 2019	/s/ Sophia Dean				
	Date	Sophia Dean				
		Signature of Attorno The Orlando Law				
		12301 Lake Unde	erhill Rd			
		Suite 213 Orlando, FL 3282	28			
		407-512-4394				
		sdean@theorlan	dolawgroup.com	1		
		Name of law firm				